

**MAHANoy TOWNSHIP POLICE DEPARTMENT
1010 W. CENTRE ST., MAHANoy CITY, PA 17948**

VOLUNTARY STATEMENT

MIRANDA WARNING

YOU HAVE THE RIGHT TO REMAIN SILENT.

ANYTHING YOU SAY CAN, AND WILL BE USED AGAINST YOU IN A COURT OF LAW.

YOU HAVE THE RIGHT TO TALK TO A LAWYER, AND HAVE HIM/HER WITH YOU WHILE YOU ARE BEING QUESTIONED.

IF YOU CANNOT AFFORD TO HIRE A LAWYER, ONE WILL BE APPOINTED TO REPRESENT YOU BEFORE ANY QUESTIONING, IF YOU WISH.

YOU CAN DECIDE ANY TIME TO EXERCISE THESE RIGHTS AND NOT ANSWER ANY QUESTIONS, OR MAKE ANY STATEMENTS.

DO YOU UNDERSTAND THESE RIGHTS AS THEY WERE EXPLAINED TO YOU? (CIRCLE ONE) **YES** **NO**

DO YOU WISH TO ANSWER ANY QUESTIONS AT THIS TIME?

(CIRCLE ONE) **YES** **NO**

Please print the following

Name: _____

Date of Birth: (m/d/y) ___/___/___ **Social Security:** _____-_____-_____

Contact phone/ cell number: (_____) _____-_____

Full address (#, street, apt., town, state):

Reside at: _____

I have been advised of my rights by: _____ of Mahanoy Township Police Department, I hereby give the following voluntary statement,

(Sign your name) _____

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**INCLUDE SPECIFIC DETAILS; DATE/S, TIME/S, LOCATION/S, NAME
AND/OR DESCRIPTION OF ACTOR/S, ACT COMMITTED, HOW THE ACT
WAS COMMITTED, WITNESS NAME/S, ETC**

Signature of person giving the statement: _____

Date: (m/d/y) ____ / ____ / ____

Witness signature: _____

Date: (m/d/y) ____ / ____ / ____

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Continuation of written, voluntary statement

Lined area for written statement continuation.

Signature of person giving the statement: _____

Date: (m/d/y) ___ / ___ / ___

Witness signature: _____

Date: (m/d/y) ___ / ___ / ___